

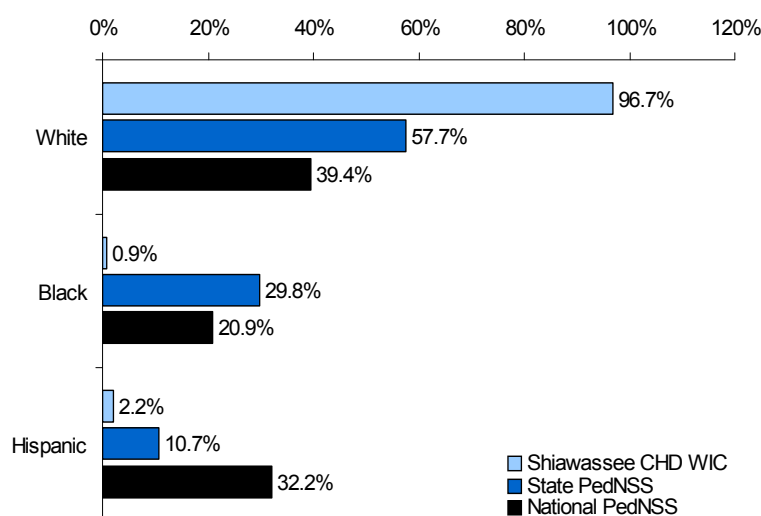
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, 6.7% of the population in Shiawassee County was under the age of five years old, based on data from the 2000 U.S. Census. Among infants and children under the age of five years old, 12.8% lived below poverty. Shiawassee County's health department is the sole provider of WIC services in the county. Shiawassee County Health Department (Shiawassee CHD) WIC served approximately 1,864 of all infants and children participating in Michigan WIC in 2003. Statistics about Shiawassee CHD WIC infants and children under the age of five years old showed:

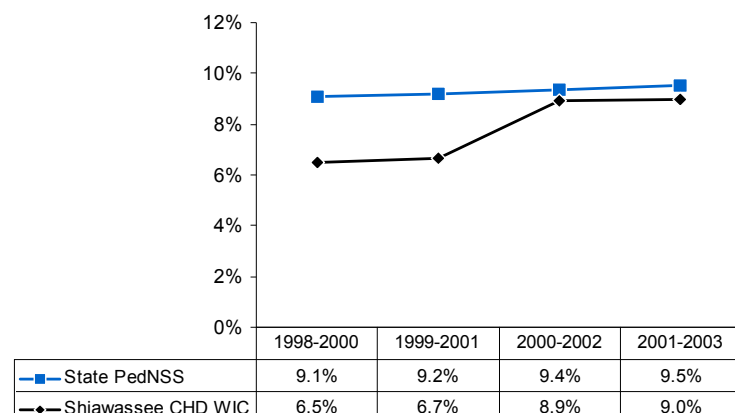
- The incidence of low birthweight was 9.0% and an additional 8.5% of infants had a high birthweight;
- A little over one in ten (11.3%) infants and children under the age of two years old were short in stature;
- 6.3% of infants and children under five years old were underweight;
- One in three children two to five years old (31.7%) were either overweight or at risk of overweight;
- 9.4% of infants and children under the age of two years old had iron deficiency anemia;
- Over half of infants (53.1%) were ever breastfed and 10.8% were breastfed to six months of age.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



The vast majority (96.7%) of Shiawassee CHD WIC infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

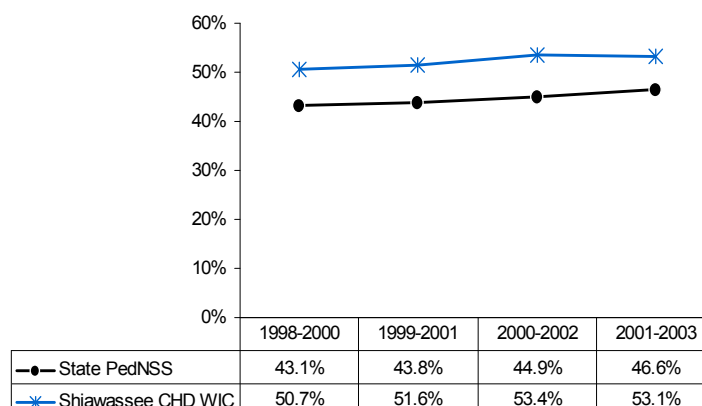
Figure 2. Local and state trends in **low birthweight*** among infants in the Shiawassee CHD WIC, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

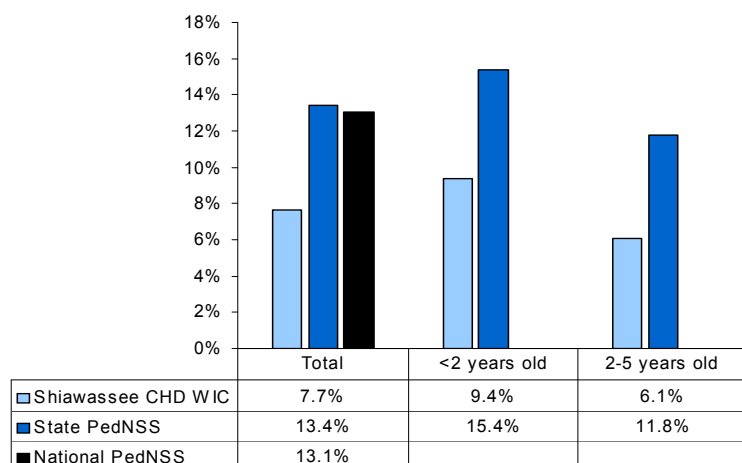
The incidence of low birthweight in Shiawassee CHD WIC has increased approximately 12.4% per year since 1998.

Figure 3. Local and state trends in **ever breastfed** among infants in Shiawassee CHD WIC 1998-2003 PedNSS



Since 1998-2000 at least half of infants in Shiawassee CHD were ever breastfed.

Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

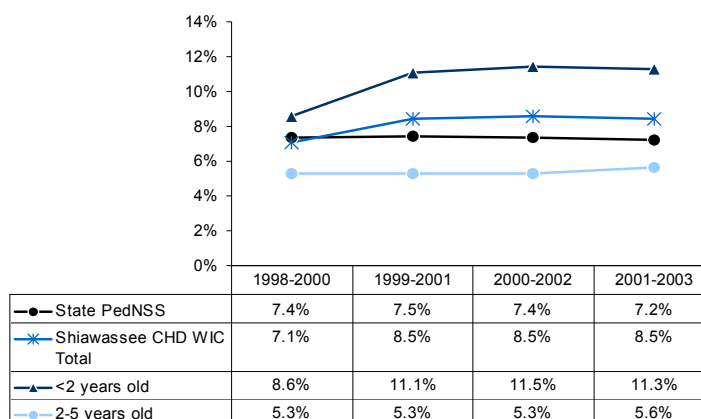


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Infants and children under five years old of Shiawassee CHD WIC had a prevalence of iron deficiency anemia lower than their state peers.

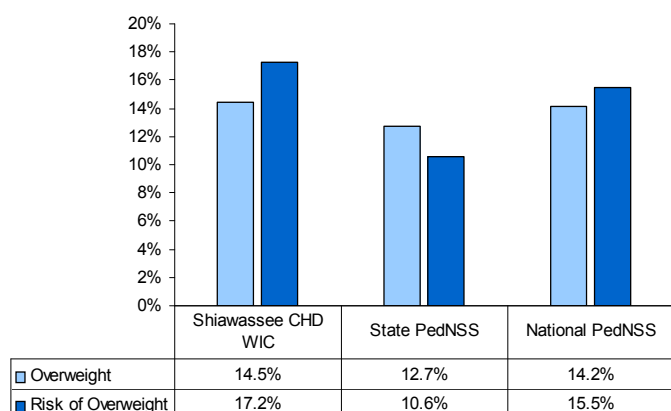
While the trend of short stature in state WIC declined since 1998, the prevalence of short stature in Shiawassee CHD WIC increased.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



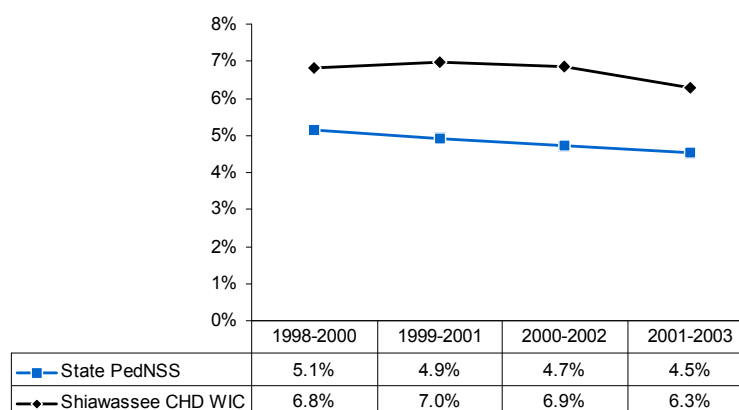
The prevalence of risk of overweight was higher among Shiawassee CHD WIC children compared to their state and national peers: 17.2 compared to 10.6% and 15.5%, respectively/

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

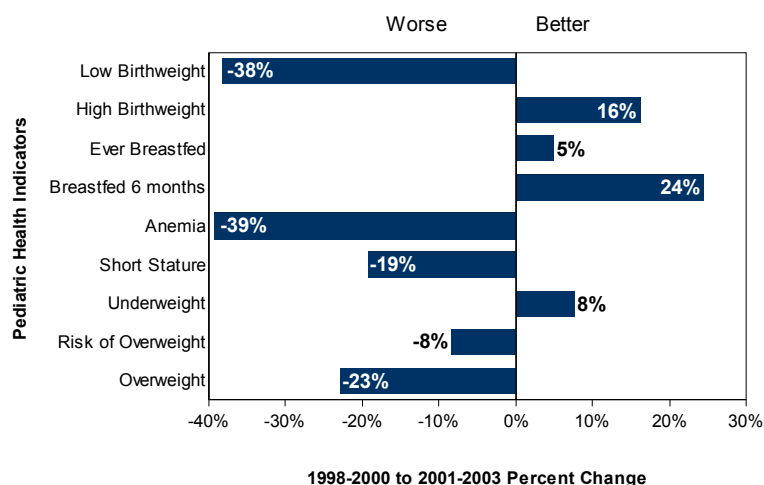
Since 1998 the trend of underweight declined among Shiawassee CHD WIC infants and children under five years old by an average of 2.5% per year.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old, 1998-2003 PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Shiawassee CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Improvements are necessary in the area of low birthweight and iron deficiency anemia, which increased over 35% since 1998-2000.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.